

**SUMMARY REPORT OF INJURIES/ILLNESSES**  
RCS CNET 5100-7

Command \_\_\_\_\_ Report Period \_\_\_\_\_

1. Average End Strength (on board count) <sup>(1)</sup>

- a. Appropriated Fund Civilian Employees ..... \_\_\_\_\_
- b. Non-Appropriated Fund Civilian Employees ..... \_\_\_\_\_
- c. Military (Staff) ..... \_\_\_\_\_

2. Civilian Injuries/Illnesses <sup>(2)</sup>

a. Appropriated Fund Employees

Lost Time Cases ..... \_\_\_\_\_  
Other Cases ..... \_\_\_\_\_

b. Non-Appropriated Fund Employees

Lost Time Cases ..... \_\_\_\_\_  
Other Cases ..... \_\_\_\_\_

3. Military Injuries/Illnesses

a. On-Duty

Lost Time Cases ..... \_\_\_\_\_  
Other Cases ..... \_\_\_\_\_

b. Off-Duty

Lost Time Cases ..... \_\_\_\_\_  
Other Cases ..... \_\_\_\_\_

<sup>(1)</sup> Do not include students injuries/illnesses or count students when calculating end strength.

<sup>(2)</sup> Chapter 14, OPNAVINST 5100.23D, defines lost time, no lost time and first aid cases and requires that all three types be recorded on a "Log of Navy Injuries and Occupational Illnesses". Separate logs are used to record civilian cases, military (on-duty) and military (off-duty) cases. Summary reports of injuries/illnesses shall be based on the data recorded on the applicable log. No lost time and first aid cases shall be combined and reported as "Other cases".

## REQUEST FOR HAZARDOUS MATERIAL APPROVAL

DATE RECEIVED \_\_\_\_\_

UIC \_\_\_\_\_ ACTIVITY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SHOP WORK/CENTER \_\_\_\_\_

BUILDING NUMBER \_\_\_\_\_ MSDS AVAILABLE \_\_\_\_\_ PROVIDED \_\_\_\_\_

ITEM NOMENCLATURE \_\_\_\_\_

STOCK NUMBER \_\_\_\_\_

MANUFACTURER (IF KNOWN) \_\_\_\_\_

UNIT OF ISSUE \_\_\_\_\_ QUANTITY ORDERED \_\_\_\_\_ EST. MONTHLY USAGE \_\_\_\_\_

ACTIVITY HMC \_\_\_\_\_ PHONE # \_\_\_\_\_

REQUESTED MATERIAL TO BE USED FOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVIEWED BY (SAFETY) \_\_\_\_\_

REVIEWED BY (INDUSTRIAL HYGIENE) \_\_\_\_\_

APPROVED / DISAPPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

HMC&M APPROVAL DATE \_\_\_\_\_ COMPUTER ENTRY DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAZARD ASSESSMENT AND PPE SELECTION WORKSHEET**

Name of Activity: \_\_\_\_\_

Workplace Evaluated: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

| Hazard Types<br>(Impact, heat,<br>chemical, etc) | Location/Source/Task | Analysis of Risk |                     | PPE Required |
|--|----------------------|------------------|---------------------|--------------|
|  |                      | Level of<br>Risk | Potential<br>Injury |              |
|  |                      |                  |                     |              |
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|  |                      |                  |                     |              |

I certify that on the above date(s), a hazard assessment of the identified workplace was conducted. This document constitutes the findings and certification of that hazard assessment and I certify the hazard assessment to be true and accurate. I understand that this document facilitates compliance to the hazard assessment requirements of OSHA 29CFR1910.132(d)2, ONLY. In addition, proper PPE selection, fitting, utilization and communication must be accomplished in accordance with other requirements of the subpart.

Activity OSH Manager signature \_\_\_\_\_ Date \_\_\_\_\_

CNET 5100/7 (7/97)